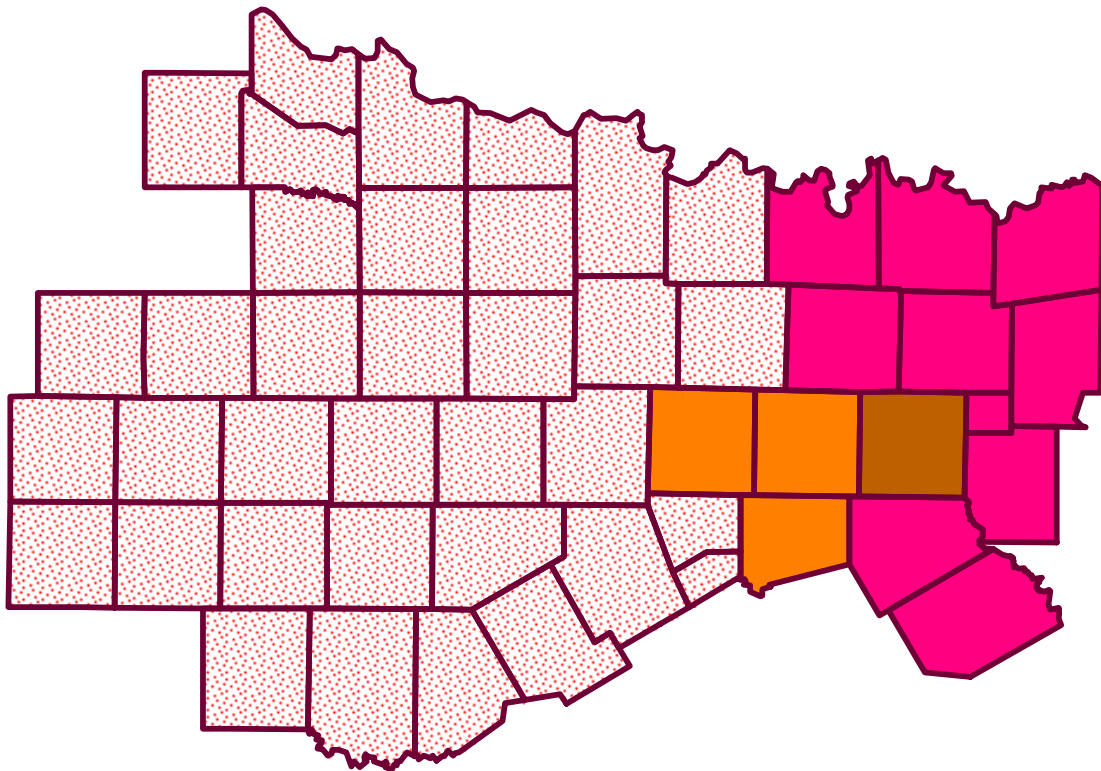


North Texas Region

HIV Epidemic Profile



Produced by the
Research & Program Evaluation Branch
Bureau of HIV and STD Prevention
Texas Department of Health



North Texas HIV Epidemic Profile

Your planning region:

High Morbidity Analysis Zones (HMAZ):

Tarrant (HMAZ 2): Tarrant, Parker and Johnson Counties. The population in 2000 is 1,779,358.

Dallas (HMAZ 3): Dallas County. The population in 2000 is 2,208,154.

North East (HMAZ 4): Ellis, Navarro, Kaufman, Rockwall, Hunt, Collin, Denton, Cooke, Grayson, Fannin Counties. The population in 2000 is 1,358,620.

Low Morbidity Analysis Zone (LMAZ)

Rural North (LMAZ 2): Archer, Baylor, Brown, Clay, Coleman, Comanche, Cottle, Callahan, Eastland, Erath, Fisher, Foard, Hardeman, Haskell, Hood, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Palo Pinto, Runnels, Scurry, Shackelford, Somervell, Stephen, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Wise, Young Counties. The population in 2000 is 684,652.

Morbidity Ranking for North Texas

We estimated the case rates for each of the subpopulations seen below in Table 1 for each of the following “morbidity” indicators:

- AIDS cases reported in 1998,
- the number of living AIDS cases as of October 19, 1999,
- HIV cases reported in 1999,
- CTS positives reported in 1998
- STD cases reported in 1998

These rates were then translated into scores: the higher the rate, the higher the morbidity score. The morbidity scores were then added together to make up a “Total Morbidity” score. (See Appendix 1 for details on how the scores were calculated). These morbidity scores are shown in Table 1 below.

Table 1

BDTP	Race/Ethnicity	Dallas		Tarrant		North East		Rural North	
		Total Score	Rank	Total Score	Rank	Total Score	Rank	Total Score	Rank
M/MS	African American	71	1	44	3	35	3	43	3
IDU men	African American	56	2	46	1	77	1	58	2
IDU women	African American	52	3	45	2	49	2	75	1
F/MS women	African American	50	4	36	4	24	7	35	5
F/MS men	African American	42	5	30	6	16	11	21	8
M/MS	white	40	6	22	7	18	9	19	9
M/MS	Hispanic	39	7	21	8	21	8	19	9
IDU men	Hispanic	37	8	32	5	18	9	39	4
IDU men	white	34	9	20	9	35	3	23	7
IDU women	Hispanic	27	10	19	10	24	6	30	6
F/MS women	Hispanic	24	11	13	12	13	12	18	12
IDU women	white	21	12	15	11	28	5	19	9
F/MS men	Hispanic	14	13	11	13	7	15	12	13
F/MS women	white	13	14	7	14	8	14	8	14
F/MS men	white	12	15	6	15	8	13	4	15

General HIV and STD Morbidity Patterns for the Planning Area:

- The rates of infection for HIV-related and STD-related indicators were higher in Dallas County than in any other part of the planning area.
- On total morbidity scores, shown in Table 1 above, it appears that African Americans, regardless of risk group or sex, bear the greatest burden of HIV and STD infections. There are, however, some differences by HMAZ, which are outlined below.
- In the Dallas and Tarrant areas, the next “cluster” of scores is for white and Hispanic M/MS, followed closely by white and Hispanic IDU. In the North East and low-morbidity/rural areas of the planning area, the IDU scores are slightly elevated compared to the M/MS morbidity scores for these groups.
- A third rough “cluster” of morbidity scores are seen for Hispanic F/MS, followed closely by white F/MS.

Morbidity Score Clusters by HMAZ, LMAZ:

Dallas HMAZ:

- For this county, **African American M/MS** show high rates of living AIDS cases, new AIDS cases and rates of reported HIV and 1998 CTS positives. This, together with high rates of STD in the African American population in Dallas county set this population apart, and supports setting this group as a high prevention priority for the county.

- A second cluster of groups, which also show “epi” evidence which supports high prioritization, are **white M/MS** and **male African American IDU**. For the white M/MS, there is a high rate of both living cases of AIDS and evidence of high rates of more recent infections. It should also be noted that the absolute number of living AIDS cases and HIV infections in Dallas county are for white M/MS – but the rates for these figures are lower than those seen for African American M/MS because the estimated size of the white M/MS population is larger. The HIV-related rates for African American IDU men are also high, and the high rates of STD in Dallas County for African Americans provide further “epi” justification for placing this group as a high priority for prevention work.
- The third cluster of subpopulations is more diverse: **Hispanic M/MS, white and Hispanic male IDU, African American female IDU, and African American F/MS**. These groups all still show relatively high rates of living AIDS cases and newly diagnosed AIDS cases as well as substantial evidence of newer infections.
- The fourth cluster of subpopulations is made up of **white female IDU and Hispanic female F/MS**. These two groups have lower rates of living AIDS and newly reported HIV cases than the subgroups in the cluster above.
- The next cluster is **Hispanic female IDU, white and Hispanic male F/MS, and white female F/MS**. These groups show the lowest rates on both HIV and STD -related indicators for this HMAZ. Hispanic female IDU are included in this group because their HIV-related score is based only on AIDS indicators, with no evidence of more recent infection. Note, however, that even this cluster shows “moderate” evidence of HIV and STD morbidity.

Tarrant HMAZ:

- For these counties, **African American IDU (male and female)** and **African American M/MS** make up the first cluster of subpopulations. These groups show high rates of AIDS cases, strong evidence of more recent HIV infections, and the African American community in these counties bears a great burden of STD-related morbidity.
- A second cluster of groups is more diverse. It includes **African American F/MS (male and female), male Hispanic IDU, and white and Hispanic M/MS**. There is solid evidence of HIV-related disease in the heterosexual African American subpopulation, and while the AIDS case rates are lower for these sub-populations than the M/MS groups and the male Hispanic IDU group included in this cluster, there is a remarkable similarity across all

groups in this cluster for reported HIV infections (1999) and CTS positives in 1998.

- The third cluster of subpopulations is made up of **white IDU (men and women)** and **Hispanic female IDU**. It might be argued that white female IDU belong with the group above, rather than in this cluster, but lower STD rates among whites in these counties pull the overall morbidity score down - but the HIV and CTS positive rates for these women could substantiate an argument for placing them in the cluster above, should the planning group desire it.
- The fourth cluster of subpopulations is made up of **white and Hispanic F/MS (male and female)**. There is some evidence of HIV and AIDS in these populations, but present rates are low. It is interesting, however, within the white group that HIV rates for women are almost three times higher than for men.

North East HMAZ:

- For these counties, **African American male IDU** and **white male IDU** make up the first cluster of subpopulations. These two groups are small, but show high rates of AIDS and HIV. Beware, however, because these high rates are based on a small absolute number of cases. Because of the small size of these populations, these sub-populations could be targeted with the female IDU groups named in the next cluster.
- A second cluster of groups, which also show “epi” evidence which supports high prioritization, are **white female IDU, African American female IDU, and M/MS (all race/ethnicity groups)**. As with the male IDU groups, the female IDU groups in this cluster are small in size, and the morbidity scores based primarily on AIDS indicators. The rates for the M/MS groups are similar, showing lower AIDS rates than the IDU groups, but compelling evidence of newer infections. Note the higher absolute numbers of HIV infections among white M/MS; they account for 48% of the HIV infections reported among men in these counties for 1999.
- The third cluster of subpopulations is **white F/MS (male and female)**. This group is set apart from the cluster below because of the 1999 HIV infection rate for this group – all F/MS HIV infections reported in 1999 and CTS positives in 1998 were among white F/MS.
- The fourth cluster of subpopulations is made up of **Hispanic IDU (male and female), Hispanic F/MS and African American F/MS**. This may be a controversial clustering, but the morbidity scores for these groups were

made up only of rates for living AIDS cases and STD rates, with no evidence of more recent HIV infection reports or CTS positives. Based on the risk profiles (next section), STD rate data, or needs assessment data, the planning group may reorganize this cluster, but in our view, the “epi” evidence argues for this clustering.

Rural North LMAZ:

- For these counties, **African American IDU (male and female)** and **African American M/MS** make up the first cluster of subpopulations. These groups show high rates of AIDS cases, strong evidence of more recent HIV infections, and the African American community in these counties bears a great burden of STD-related morbidity.
- A second cluster of groups is more diverse. It includes **African American F/MS females, Hispanic IDU men**. There is solid evidence of HIV-related disease in the heterosexual African American subpopulation, and while the AIDS case rates are lower for these sub-populations than the IDU group included in this cluster, there is a remarkable similarity across white M/MS in this cluster for reported HIV infections (1999) and CTS positives in 1998.
- The third cluster of subpopulations is made up of **white IDU (men and women), Hispanic female IDU**, and **white and Hispanic M/MS**. It might be argued that white female IDU belong with the group above, rather than in this cluster, but lower STD rates among whites in these counties pull the overall morbidity score down -- but the HIV and CTS positive rates for these women could substantiate an argument for placing them in the cluster above, should the planning group desire it. Among the M/MS groups, there is a remarkable similarity for reported HIV infections (1999) and CTS positives in 1998.
- The fourth cluster of subpopulations is made up of **white and Hispanic F/MS (male and female)**. There is some evidence of HIV and AIDS in these populations, but present rates are low.

Risk Ranking for North Texas

The information in the table below comes from 1999 PCPE information.

The scores in the table below were based on information from clients in the different subpopulations that received PCPE services in 1999. The scores are based on the percent of clients in each of the subpopulations who reported the following risks:

- “Almost never” using barriers with anal, vaginal or oral sex
- History of STD
- Multiple sex and/or needle sharing partners
- Trading sex
- Substance use with sex
- Sharing needles
- Sex or needle sharing partner at risk for HIV
- Sex or needle sharing partner with multiple partners

The highest scores will be seen for the subpopulations where a large percentage of the clients reported multiple risks. Appendix 2 has detailed information about the risk scores for each subpopulation.

Table 2

BDTP	Race/Ethnicity	Dallas		Tarrant		North East		Rural North Texas	
		Risk Score	Rank	Risk Score	Rank	Risk Score	Rank	Risk Score	Rank
IDU women	white	58	1	54	2	57	1	67	1
IDU men	white	51	2	52	3	51	2	61	2
IDU women	African American	51	2	41	6	31	9	0	15
IDU men	Hispanic	45	4	49	5	0	15	43	5
F/MS women	Hispanic	43	5	40	7	24	14	38	9
IDU men	African American	42	6	51	4	38	3	52	3
F/MS women	African American	41	7	34	14	27	13	31	12
M/MS	white	40	8	37	11	36	4	41	6
M/MS	African American	40	8	38	10	33	7	0	14
M/MS	Hispanic	40	8	40	7	33	7	38	9
F/MS men	African American	40	8	37	11	29	10	39	8
IDU women	Hispanic	38	12	56	1	29	10	28	13
F/MS women	white	38	13	40	7	36	4	38	9
F/MS men	white	37	14	34	14	35	6	40	7
F/MS men	Hispanic	35	15	37	11	28	12	44	4

*values and ranks in yellow do not have data on some risk behaviors, and thus may rank lower.

**values and ranks in salmon are missing information on risks for this sub-population.

- In both the Dallas and Tarrant HMAZ, the risk scores were moderate to high for all sub-populations. In general, the highest risk scores were seen in IDU. In Dallas, however, African American and Hispanic female F/MS and M/MS (all race/ethnicities) made up the next “cluster” of risk scores, while in the Tarrant HMAZ, white and Hispanic female F/MS and M/MS made up the “second cluster” of risk scores.

- There was more range in the North East HMAZ risk scores, with white IDU showing the highest scores. A second more distant cluster was made up of African American male IDU, white M/MS, and white F/MS. Very little is known about risks of Hispanic male IDU in this area – needs assessment attention is needed before the risk of this group can be discussed.
- The Rural North Texas LMAZ risk profile shows elevated risks for white IDU (men and women), followed by African American male IDU. Other groups in this area have very similar risk scores, with the exception of Hispanic female IDU, African American M/MS and African American IDU female – for these groups, too little is known through 1999 CTS data to draw stable conclusions on risk scores.

YOU CAN FIND MORE DETAILED INFORMATION ON RISK POPULATIONS IN THE SECTIONS THAT FOLLOW.